(b) whether it is a fact that notwithstanding these programmes and schemes there is a high mortality rate among the pregnant women;

(c) if so, the details in this regard; and

(d) the details of the proposals, if any, aimed at making motherhood safe?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) to (d) The programmes and schemes designed for making motherhood safe are being implemented as an integral component of the Reproductive and Child Health (RCH) Programme. Under this programme, interventions for reducing infant and maternal mortality and morbility are being implemented in all districts of the country. The interventions for reducing maternal mortality and improving safe motherhood include essential obstetric care; emergency obstetric care; provision of referral transport through Panchayats and provision of drugs and equipment at first referral units; provision of contractual staff like additional Auxiliary Mid-wives; staff nurses, doctors and anesthetists. Funds and also being provided for schemes to improve outreach of services like 24 hours delivery services at selected primary health centres and community health centres; training of Dais in 156 district and holding of Reproductive and child Health camps; in 178 districts and RCH Outreach Scheme in 151 districts with adverse health indicators.

The programmes and interventions listed above will continue and new interventions included as per the needs of the programme during the Tenth Five Year Plan.The outlays for RCH Programme during the Ninth Five-year Plan and the proposed outlay for the Tenth Five-year Plan are Rs.5150 crores and Rs.8000 crores respectively.

According to estimates available from the Registrar General of India, maternal mortality rate for India was 408 in 1997 and 407 in 1998. Data for subsequent years is not available.

Mechanism for redressal of grievances under PNDT Act

547. MISS MABEL REBELLO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is any mechanism for redressal of grievances under the Pre-Natal DiagnosticTechniques (Regulation and Prevention of Misuse) Act, 1994;

(b) the number of cases of grievances that have been received by the Ministry;

(c) out of these how many have been settled; and

(d) the time frame for the settlement of the remaining cases?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) to (d) The Ministry has been receiving complaints which were referred to the States/UTs concerned for investigation and report. While two such cases are *sub-judice,* all the other cases have been settled.

Under the amendments made to the Pre-Natal DiagnosticTechniques (Regulations and Prevention of Misuse) Act, 1994 and the Rules framed there under a provision for appeal has been made.The amended provisions have already come into-force with effect from 14th February, 2003. Now under Rule 19 of the Pre-conception and Pre-natal DiagnosticTechniques (Prohibition of Sex Selection) Rules, any person having grievance against the decision of the sub-district level Appropriate Authority may appeal to the district level Appropriate Authority. Similary, for grievances against the decision of the district level Appropriate Authority appeal can be made to the State/UT level Appropriate Authority. Each appeal is to be disposed of within 60 days of its receipt by the appellate authority concerned.

Specialised treatment in Dental Department of Safdarjung Hospital

548. SHRI V.V.RAGHAVAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that there is no provision of specialized treatment in Dental Department of Safdarjung Hospital;

(b) if so, the reasons therefor;

(c) the details of specialized treatment facilities which exists; and

(d) the efforts taken, if any, to provide the facilities for specialized treatment in all other departments?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA) (a) No, Sir.